653

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00653

1 00	ECEASED-NAME	First	MC JUE.		Look		O DATE OF	DEATH		Tot wown
	Type or print)	JAMES	Middle EDWARD		ALLEN		2a. DATE OF	January 2	1968	2b. HOUAN 5:30 ^N
3. SE	Male		White		5. DATE OF B	nber 21	, 1905	6. AGE (In yeors last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
Ta	BIRTHPLACE (Stote or for	Md. US.	A	WIDOWED		RCED 🗌		roline		Md
	Denton	giv	NAME OF HOSPITAL OR IN	reet	nat in haspital			(Kind of wark dane life, even if retired.) OWET	12b. KIND OF INDUSTRY Chick	
13o. admi	USUAL RESIDENCE (Whe	e deceased lived, if instit 13b. COUNTY	ution: Residence before Caroline	Dent		13d. INSIDE CITY LI YES NO		REET AND NUMBER 5 Gay Stre	et	
14. F	Samuel		Lost		S. MOTHER'S M	MAIDEN NAME F		Middle	W-	Last
16o. Y	es no, or unknown)	U.S. ARMED FORCES? If yes give war ar dates of service)	16b. SOCIAL SECURITY 212-24-78		INFORMANT Mrs. Em	ma C.	Allen,	Address Denton, Ma	ryland	
	18. CAUSE OF DEATH PART I. DEATH WA	(Enter only one cause per IS CAUSED BY: IMMEDIATE CAUSE (a)	line or (a), (b), and (c)		Th	rond	bosi			MAYE INTERVAL NSET AND DEATH
	Conditions, if ony, whi rise to immediate car stating the underlying last.	th gave (b) (b) (c) DUE TO, OR (c)	AS A CONSEQUENCE OF	nde	note	Con	noy	Cultinge	1) sici	-10p
NO	CU-	mal to	rellate	n lu	elf Co	vaget	ine It	port te	lo re	
CERTIFICATION	190. DATE OF OPERATION		HICH OPERATION WAS PE		20o. AUTO] NO [CAUSES	YES, WERE FINDINGS CO OF DEATH?		RTIFYING
K	210. ACCIDENT WAS UI OR CONTRIBUTING CA (If either, natify medic	JSE OF DEATH HOUR A.N. P.N	. Month Day Year	9				ry in Part 1 or Port 2, I	tem 18.)	
	21d. INJURY OCCURRED While Nat while at wark of work	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f. 1	LOCATION Stre	et or R.F.D. No.	. City	or Town	County	Stote
	saw the dece	(I) (this hospitol) or ased alive on l above (I) (we) (dic	12/30	90,01	nd that in (m	, 1 92 ny) (our) opi	nion death	occurred on the do	te ond hour	(I) (we) los ond from the
	22b. SIGNATURE	1. and	levor	DEG	11113	D D	NED.	STAFF PHYS. 22c	2 GNED	
	22d. PHYSICIAN'S NAME (Type)	. A. Ande	rson, M.D		22e. ADI	Deri	ton	lea		
23a.	BURIAL, CREMATION, REMBYAL (Specify)	Jan. 6, 19	23c. NAME OF Hill C		R CREMATORY Cemeter	у	1	ON (City or Town)	(County) arvland	(Stote)
	FUNERAL DIRECTOR J. Framp	trome frautom and Son	stem A ADDRESS			2So. REC'D B	Y REGISTRAR	25b. REGISTRAR'S	SIGNATURE	garan.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban greess. Pages 1 and 22 hours the bound be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the hospital or attending physician. 30M REV. 19

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PART A MA	Promotevnst.s		in coreser it it

	MARYLA DIVISION OF VITAL RECORDS	ND STATE DEPARTM			
00654	DIVISION OF WHAL RECORD.	CERTIFICATE OF		IL, MARILAND 21201	00654
1. DECEASED-NAME First (Type or print) Ch	Middle narles	Anderson		DATE OF DEATH 1 Month 7 Doy	1988 2b. HOUR
3. SEX Male	4. RACE White	5. DATE OF B		6. AGE (In yeors loss cirthday) YRS.	FUNDER 1 YEAR 1F UNDER 24 HRS MONTHS DAYS HOURS MIN
7a. BIRTHPLACE (State or foreign cours weeden	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	land .	KKIEUFT	unty of DEATH Caroline	N
10. CITY OR TOWN OF DEATH Greensboro	9Corridres 1	INSTITUTION (If not in hospital Nursing Hom		UPATION (Kind of work done working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY None
130. USUAL RESIDENCE (Where deceosed admission) SAFA	sed lived, if institution: Residence before 13b. COUNTCAROLINE	Greensbor	YES NO	13e. STREET AND NUMBER None	
14. FATHER'S NAME First No Rec	Middle Last		No Recor	Middle	Last
16a. WAS DECEASED EVER IN U.S. ARA Yes, no, osynknown) (If yes give v	MED FORCES? war or dates of service) 16b. SOCIAL SECURIT 220-52-7		ne Count	Address y Welfare B	Denton, Md.
= 442 X	DUE TO, OR AS A CONSEQUENCE OF (c) TO DEATH BUT	eroscleroti F NOT RELATED TO THE TERMINA ulcers of	LL DISEASE OR CONDITION back; 80 DPSY?		
OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Manth Day Yeariner) P.M.	ar 19	CURRED (Enter natur	e of injury in Part 1 ar Port 2, It	
220. I certify that (I) (the sow the deceased of cquses stated above 22b SCNATURE	place of INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC. ais hospitol) ottended the deceo blive on Jan. e, (I) (we) tdid) (did not) view the confidence of the confiden	osed from May 10 19 68, and that in (me body ofter death.	, 167, ny) (our) opinion NG MED. DIRECTO DRESS Greensh	deoth occurred on the dot STAFF 22c. D PHYS. Doro, Md. 216	e and hour and from the
Bremerit Spicify) 1-	9-68 Gree	ensboro	Gr	LOCATION (City or Town)	(County) (State)
24. FUNERAL DIRECTOR J. G. Bocela	is theenstor	o, ma.	DATE JAN 1	ISTRAR 2Sb. REGISTRAR'S	SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 4 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician. VR ATS

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00655

00655 CERTIFICATE OF DEATH Middle Lost 2g. DATE OF DEATH 2b. HOUR A 1. DECEASED-NAME First (Type or print) Mary Emma House Bastian 1-5008 9:30 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX S. DATE OF BIRTH 6. AGE (In years Female White April 15. 1881 requires that the deoth certificate be executed within 24 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Waryland Caroline U.S.A. WIDOWED TO DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of warking life, even if retired.)

Housewife give street oddress) INDUSTRY None Greensboro remove corbon None 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? (admission) STATE 13b. COUNTY Caroline Greensbor None 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Last Middle Last signed by the attending physicion ar buriol-tronsit permit. Then pleose re buriol, cremotion, or removal, ond in Benjamin House Josephene House 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) (If yes give war ar dates of service) 218-07-7306 Josephene Bastian Greensboro Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) be detached for use os the State Dept. of Health prior to hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [NO X this certificote 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 1887, 1988, to 1845, 1988, that (I) (we) last saw the deceased alive an 1847, 1988, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. O FUNERAL DIRECTOR: After be retained 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. JAN 6, 1968 director, page 3 DEGREE PHYS. 22e. ADDRESS RUBLETRY HOWARD WRIGHT, M.D. CREENSBORU 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) Greensboro. Md. -8-68 Greensboro 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR Greensboro, Md.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 haurs effect apolity.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00656

Z pun		4	DECEASED-NAME (Type or print) Helen Bjerge 2a. DATE OF DEATH Day1968 M
Pages 1 and		and the	Female 4. RACE White 5. DATE OF BIRTH July 11, 1891 6. AGE (In years recovered birthday) YRS.
papers. Pag	00U 7/		D. BIRTHPLACE (State or foreign Onio U.S.A. 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH OUT OUT OF DEATH OUT OUT OF DEATH OUT OUT OF DEATH OUT
an par			O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) None 12a. USUAL OCCUPATION (Kind of work dane dufflows feeting if retired.) 12b. KIND OF BUSINESS OR INDUSTRY None
ve carb	eveni,	5	3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before drission) STATURE TYPE 13b. COUNTY Caroline Henderson YES None
e remo	and in any		4. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Lost No Record No Record
n pleas			60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ocunknown) (If yes give wer or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 213-50-3749 Mrs. L.M. Jonassen Euclid, Ohio
it. The	or removal,		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
Der	crematian, o		4/0.9 DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarction
-tra	-	1	rise ta immediate cause (a), stating the underlying couse last. (b) AFTEP10SCIEPOLIC G. V.DIS. DUE TO, OR AS A CONSEQUENCE OF
buria			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Chronic Arthritis
far use as the	n priar ta	X	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	or Health		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CORTH HOUR A.M. Manth Day Year Off either, natify medical examiner) P.M. 19 21a. INITIAL OF I
	State Dept.		While Nat while of work of the state of the
3 shauld be d	The State		220. I certify that (I) (this hospital) attended the deceased from July 8, 1904, to Jan. 7, 1968, that (I) (we) lost sow the deceased olive on Jan. 7, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after depth.
rectar, page 3 sh	Tiled with		22b. SUSPITURE ATTENDING MED. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 22c. DATE SIGNED
ar, p	d be		NAME(Type) Charles H. Stonesifer, M.D. Greensboro, Md. 21639
director, page	a Puga		3a. BURIAL, (REMATION, BURIAL, (REMATOR) 23b. DATE 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town) (County) (State) BURIAL, (REMATION, 1-11-68 Greensboro Greensboro, Maryland
VR AT	V. 168	1	FUNERAL DIRECTOR ADDRESS ADDRESS DATE 25g. REC'D BY REGISTRAR S SIGNATURE DATE DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00657 CERTIFICATE OF DEATH 00657 1. DECEASED-NAME Lost First Middle 20. DATE OF DEATH 2b. HOUR requires that the deoth certificate be executed within 24 hours after deoth (Type or print) Month 10 Day 1968 Lillian Bodine 4. RACE IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH IF HNDER 24 HRS. 6. AGE (In years last sinthday) HOURS White 10-17-1882 Female and completely filled in by th lease remove carbon papers. Par and in ony event, within 72 hours 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED (ountry) Maryland Caroline U.S.A. WIDOWED X DIVORCED [7] 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Nursing Home during House Wille even if retired.) None Greensboro 30. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Caroline odmissian) STATE Maryland Greensbord None 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost No Record No Record 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no. or unknown) (If yes give war or dates of service) cremotion, or removol, Welfare Board Records Denton, 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Diabetes Mellitus IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove) Viral Intestinal Infection rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospitol or attending physicion. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO T Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 22a. I **certify** that (I) (this haspital) attended the deceased from Feb. 8, 1967, to Jan. 10, 1968, that (I) (we) last saw the deceased dive an Jan. 10, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. Jan. 12 68 DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Charles H. Stonesifer M. D. Greensboro Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 1-13-68 Greensboro Greensboro, Maryland ADDRESS 24/\FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the furberol director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 hours after death. deoth. The funerol TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 house Poge 4 may be retained by the hospital or attending physicion.

VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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00659

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3. SE)	M.	4. RACE			S. DATE OF E	9-5-	6. AGE (In year last birthdoy	yrs. IF UNDER MONTHS	DAYS HOURS M
	IRTHPLACE (Stote or foreign			8. MARRIED [- WIDOWED [DIVO	RCED	CAROL	INE	
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3o. U	USUAL RESIDENCE (Where declaring)	reased lived, if instituti	on: Residence befare	13c. CITY OR Dente:		YES NO	13e. STREET AND NUMI	FR 106-A	Denten,
14. FA	ATHER'S NAME First Charles	Middle Francis I	Driggins lost	15.		alden name fir		ddle	Last
	WAS DECEASED EVER IN U.S.	ARMED FORCES? pive war or dates of service)	16b. SOCIAL SECURITY N 213-22-84		FORMANT	Hespit	Add	dress	
\exists	18. CAUSE OF DEATH (Enter	r only one cause per lin	e far (a), (b), and (c).)	7		0	4 0	BE	APPROXIMATE INTERVAL ETWEEN DISET AND DEATH
	PART I. DEATH WAS CAI	EDIATE CAUSE (a)	Vest	ma	man	In	rbales -		rudden
	Conditions, if any, which garise to immediate couse (ve) (b)	S A CONSEQUENCE OF Phil	och	ml	ors.	lest les		7
	stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF (c) (c)								
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BUT NO	T RELATED TO	THE TERMIN	AL DISEASE ORCO	NDITION GIVEN IN PART 1(o)		
CERTIFICATION	19a. DATE OF OPERATION 1	9b. CONDITION FOR WHI	CH OPERATION WAS PER	ERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERT CAUSES OF DEATH?				D IN CERTIFYING	
¥	21a. ACCIDENT WAS UNDER!	DEATH HOUR A.M.	INJURY Month Day Year	21c. HO	-		nature of injury in Part 1 or 1	Part 2, Item 18.)	
	21d. INJURY OCCURRED While Not while at wark	21e. PLACE OF INJURY	AT HDME, FARM, STREET, FACT OFFICE BUILDING, ETC.					Caunty	
	22a. I certify that (I) (this haspital) attended the deceased from 5 - 3, 19 63, ta, 19, that (I) (we) last saw the deceased alive an 12 - 10, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.								
	22b. SIGNATURE	nTu	n l	A DEGRE		LZQ DIF	D. STAFF PHYS.		3-68
	22d. PHYSICIAN'S NAME (Type) H •	R. Trapne	ıľ	M . I	22e. Al	ederal:	sburg, Maryl	and 1/	/23/68
230.		3b. DATE an. 21,196	23c. NAME OF C	hapel	Ceme t	ery		reline	Md
24. F	FUNERAL DIRECTOR	C.W.H111,	MortiePhi	Ponto		2Sa. REC'D BY	REGISTRAR 2Sb. REGI	STRAR'S SIGNATUI	RE Judge

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) DALLAS EUGENE EVANS DEATH MATED Jan. 21 ny delay is 2, and 3 to 168 3 P M 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR 13 Jahuary Doy 21 April 28,1954 Year 168 Male Negro 7o. BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH coun Maryland USA DIVORCED [Caroline WIDOWED F 10. CITY OR TOWN OF DEATH after death 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR With give street address) Federalsburg R.F.D. #1 during most of warking life even if settred INDUSTRY

Student - Public School Give Page 4 shauld be farwarded to the Chief Medical Examiner's Office aland Z death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Caroline odmission Stand R.F.D. #1, Box 116B Federalsburg YES NO K 24 haurs and 2 in Item 1 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Lost Monroe Evans Lillie Mae Quailes hours pages 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil (Yes. no or unknawn) Lillie M. Jenkins, Federalsburg, Maryland None burial-transit permit. File .⊆ 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending" IMMEDIATE (AUSE (a) Asphyxia minutes DUE TO, OR AS A CONSEQUENCE OF mi nu tes Candilians, if any, which gave XD owning Fresh Water rise to immediate cause (a), This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoling the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 SD removal be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) Page 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M crematian, itch near Federalsburg CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. factory, affice building, etc.) WHILE AT WORK AT WORK RFF merican Corner Federalsburg Fred Hubbards Farm FUNERAL DIRECTOR: 22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection x Inquiry and in my apinian the funeral directar. death resulted fram: Natural couses Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER___ SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, tawn, ar county) Harold B. Plummer M 50 23a. BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL Specify Jan. 25, 1968 Federal Hill Cemetery Federalsburg, Maryland 2So. REC'D BY REGISTRAR VR A15ME (5) J. Framptom and Son Federalsburg, Maryland DAUAN

MARYLAND STATE DEPARTMENT OF HEALTH

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5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depa necessory, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form Health prior to burial, cremotion, or removol, and in any event within 72 hours after death. 0

DICAL EXAMINER: This certificate should be executed within 24 hours ofter death

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00661

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00661

	ECEASED-NAME	Fi	irst	Middle		Lost		20. DATE KNOWN Month	Doy Yeor	2b. HOUR
(Type or Print)	I	illon		Flemi	ng		OF ESTI- DEATH MATED 1-29	9-68 19	830A
3. S	EX	4. RACE	S. DATE OF BIR	TH 6. AG	E (In years IF UND	ER I YEAR IF UNDER		2c. DATE PRONOUNCED DEAD		2d. HOUR
	Male	Whit	e 2-20	-1898 6		DAYS HOURS	MIN	Month 1 Doy 29	9 Year 19 68	BllAM
70.	BIRTHPLACE (Stot	e or foreign	7b. CITIZEN OF WH			NEVER MARRIED	9. COU	INTY OF DEATH		
coun	Delay	ware	U.S.A	•	WIDOWED [DIVORCED [C	aroline		Md.
10. 0	CITY OR TOWN O	F DEATH	11. N	AME OF HOSPITAL OR II	STITUTION (If not in			CUPATION (Kind of work done	12b. KIND OF BUS	SINESS OR
I	Rural (Goldsh	oro give :	street oddress)	None	Re	tir	f working lile, even il retired.)	INDUSTRY	ming
130.	USUAL RESIDEN	CE (Where dece	eosed lived, if institu	ition: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY		136. SIKEET AND NUMBER		
0	dmission) STAT	Maryla	indish. COUNTY	Caroline		oro yes	_	None		
14. F	FATHER'S NAME	First	Middle		1S. MOT	HER'S MAIDEN NAME	First	Middle	len	st
		watnew	Flemin	0			•	A.L.	геп	
	WAS DECEASED EN		D FORCES?	16b. SOCIAL SECURITY I	IO. 17. INFORM	AANT		ADDRESS		
	No	(11 you y	ine war or oures or service)	215-36-2	307 Ro	se Flem	ing	Goldsboro, 1	Maryla	nd
	18. CAUSE OF			ne lor (a), (b), and (c)		*			APPROXIMATE BETWEEN ONSET	
	PART I. L	DEATH WAS CAU	DIATE CAUSE (o)	cute Oc	clussi	M			may	145
	410	6,7	DUE TO, OR	AS A CONSEQUENCE OF						
10		nη, which gove liote couse (o)	(b)	CLEUNOR		· sclerou	us c	JUSO FEICICUL	4-3	715
	stoting the ur	iderlying couse		AS A CONSEQUENCE					100	
	last.		, (c) (eneralize	el AVI	erio sche	rost	1	1) 91	7
1	PART 2. OTHER	SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT NOT	RELATED TO THE TI	ERMINAL DISEASE OR	CONDITIO	ON GIVEN IN PART 1(0)		
8	190. DATE OF C	DED ATION		10t CONDITION COD	INVEST OPERATION				Ing AUTODS	V0
CERTIFICATION	190. DATE OF C	PEKATION		19b. CONDITION FOR Y WAS PERFORMED					20. AUTOPS	
ERTIE	21o. EXTERNAL	CALISE WAS	215 TIME OF	INJURY Month, Doy, Yeo	121c HOW	INITIDY OCCUPATO /	nter net	re of injury in Port 1 or Port 2, Ite	YES T	NO U
	PRIMARY 0	* CONTRIBUTING	HOUR A.	M.	Zic. NOW	INJOKY OCCURRED (E	THEI HOLD	ne of injury in Post 1 of Post 2, the	Jit 10.)	
MEDICAL	CAUSE OF DEAT 21d. INJURY OC			M. 19 At home, form, street,	21f LOCATI	ON Street or R.F.D. N	0	City or Town	County	Stote
	WHILE IN	OT WHILE	loctory, ollice building	g, etc.)	ZII. LOCAII	ON SHEET OF K.I.D. IN	0.	City of Town	Coonty	31016
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93	ACTUAL C	# 0	, (x) \	to and		CHIEF MEDICA			IGNED	
10	SIGNATURE _	- aux	7	Comme		M.D. ASSISTANT ME DEPUTY MEDIC		CMINEK L	24/68	-
	NAME (Type):	Homeld	B. Plu	mmar Mi	1			wn, or county)		
230	. BURIAL, CREMA	TION, 23	Bb. DATE	23c. NAME OF	CEMETERY OR CREM	MATORY	23d.	LOCATION (City or Town)	(County) (S	Stote)
	Buria		2-1-68		nsboro				Maryla	
24,	FUNERAL DIRECT	OR	100	ADDR	ESS		D BY RE			
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00662 00662 CERTIFICATE OF DEATH DECEASED-NAME First 2n DATE OF DEATH 2b. HOUR (Type ar print) Manth 420Pu Virgil James Jan. Gould 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IE LINDER 24 HRS last birthday) Male Col. June 5. 9. COUNTY OF DEATH Caroline 7b. CITIZEN OF WHAT COUNTRY? law requires that the deoth certificate be executed within 24 hour completely filled in by 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Maryland USA WIDOWED | DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR with INDUSTRY Farming during most af warking life, even if retired.)

Farmer give street address) Rural Goldsboro None 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE Maryland 13b. COUNTY Goldsbord and in ony ev None 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Charles Gould Louisa Wilson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no count (If y a first we or dotes of service) 217-30-7848 Beulah Gould Goldsboro, Maryland signed by the ottending physi buriol-tronsit permit. Then pl burial, cremation, or removol, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ___ Acute Cardiac Failure DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) Viral Respiratory Infection rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 moy be retoined by the hospitol or attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the f 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while ot wark 22a. I **certify** that (I) (this hospital) attended the deceased from Jan. 1 , 19 68, to Jan 1 , 19 68, that (I) (we) last saw the deceased glive an Jan. 1 19 88, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 226. SIGNATURE ATTENDING MED.
DIRECTOR STAFF PHYS. 1000 PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Charles H. Stonesifer, M. D. NAME (Type) Greensboro.Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (Caunty) BUTTAL Specify) 1-6-68 Union Goldsboro Maryland ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1968

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00663

00663 the conerolland 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fifted in by the Coneral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 hours after death. Shauld be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. hours after death. filled in by **TO HOSPITAL OR ATTENDING PHYSICIAN!** The law requires that the death certificate be executed with Page 4 may be retained by the haspital ar attending physician. S. MEDICAL CERTIFICATION 23 VR A15 (4) 25M 1/67

	CLKIIIICAIL	OI DEATH		00003
PLACE OF DEATH			here deceased lived, if institution:	Residence before odmission)
O. COUNTY CO YOLLNE	MARYLAND	o. STATE	b. COUNTY	Valin A
b. CITY OR TOWN (If autside corparare limits,	LENGTH OF STAY IN 1b		side corporate limits, write RURAL	and give nearest tawn)
write RURAL and give nearest town)		D 1	- Goldbu	1.01
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	street oddress)	d. STREET ADDRESS	- 6016 60	e. IS RESIDENCE
Box 18 Rout	#2	Rox 7	8 - Route	2 ON A FARM? YES NO
NAME OF First	Middle	Last	4. DATE Month	Doy Year
(Type or print) Flaxence	He	ENVY	OF DEATH Jan	16 1968
SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
female N WIDOWED X	DIVORCED	nc+ 188		onths Doys Hours Min.
o. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR	11. BIRTHPLACE (County &		12. CITIZEN OF WHAT
rring most of working life, even if retired) INDUS	TRY	Queen B:	nn	COUNTRY?
B. FATHER'S NAME		14. MOTHER'S MAIDEN NA		010.7
Cornilus Bolds	2	ANINI	e Sim	20.04
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCI		NFORMANT	Address	20.70
(es, no, or unknown) (If yes give wor or dotes of service)	-20-2611 mi	- Plus	Nichols Rt	I Easton inf
1B. CAUSE OF DEATH (Enter only one couse per line for (o),		10. 5. LAG	NONETS AT	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	, , , , , , ,	al Hemorrh	1000	ONSET AND DEATH
4/2. O IMMEDIATE CAUSE (o)	OCTODI	ar nemorri	lage	
Conditions if any which gave	ypertenseiv	e Arterios	sclerotic	
rise to immediate couse (o),	ardiovascul			
stoting the underlying couse (c)	al alovabous	ar arbeabe		
, 14	SEATH DUT NOT DELATED TO	THE TERMINAL DISEASE CONF	NITION CIVEN IN DADT 1/a)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	TEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	OHION GIVEN IN PART 1(0)	PERFORMED?
793 X	Inc Out Inviting Occupants	(5		YES NO
20b. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRI	IBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	ort I or Port II of item 1B.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		-3/4/11/2		
		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
p.m. 19 of work L	ot work			
21. 1 certify that (1) (this haspital) attended	the deceased from	Jan. 9 , 19	68, to Jan. 16	2, 19 <u>68, that (1) (we) last</u>
say the deceased alive an Jan 10) 19 00, and that	death accurred at_	M, fram causes and	d on the date stated above.
229. SUSNATURE	1	ATTENDING M	AED. STAFF	22b. DATE SIGNED
Music N Traces	ufer MI). PHYS.	DIRECTOR LI PHYS. LI	120/68
22c. PHYSICIAN'S NAME (Type) Charles H. Stor	Shisan M T	22d. ADDRESS	1. 202	' /
NAME (Type) Charles H.Stor	Meaner, M.L	Greens	boro, Md.	
	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
REMOVAL (Specify) 1/20/60	Union	Cem-	Goldburg - C	oveline md
4. FUNERAL DIRECTOR	ADDRESS	2So. REC'D	BY REGISTRAR 19885b. REGIST	TRAR'S SIGNATURE
110 11111111111111111111111111111111111	12	0 JA	11 0 1000 //	() V

Carrette Landerson

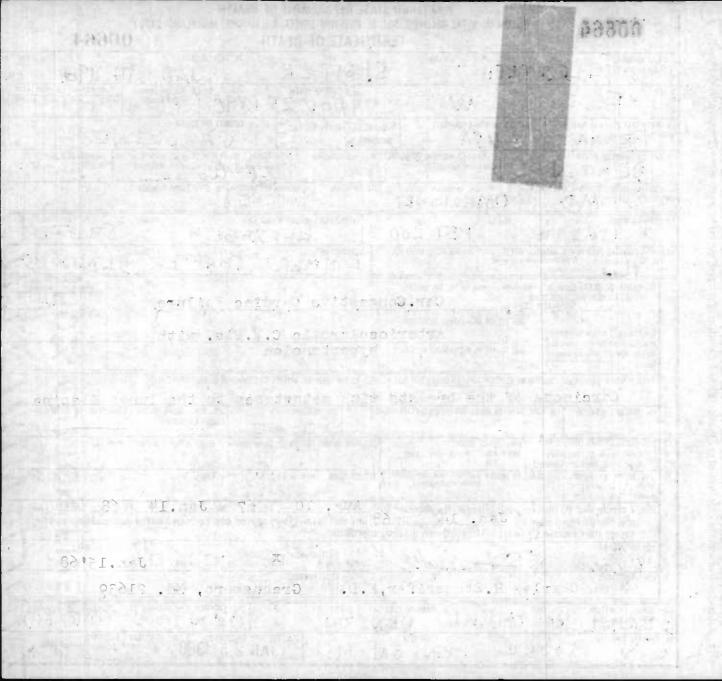
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Greenston, No.

MARYLAND STATE DEPARTMENT OF HEALTH 00864 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00664 DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR TZABETH death (Type ar print) eral and 3. SEX 4 RACE 6. AGE (In years IE UNDER 1 YEAR IF UNDER 24 HRS. after S. DATE OF BIRTH HOURS requires that the death certificate be executed within 24 hough and completely filled in by 7a, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)DENNA AROLINE WIDOWED 🔀 DIVORCED and in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of wacking life, even if retired.) carban 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d, INSIDE CITY LIMITS? 136. COUNTY OR O LINE YES 🗌 NO T remove 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle RDAH ELTZABETH 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. JNEORMANT attending physic permit. Then ple ian, ar remaval, a EMMERT Yes, na, ar unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Chr. Congestive Cardiac Failure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, cremati Canditians, if any, which gave) Arteriosclerotic C.V.Dis. with rise to immediate cause (a), hypertension DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tal attending Carcinoma of the breasts with metastases to the lungs & spine has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [Health 1 TO FUNERAL DIRECTOR: After this certificate be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year Dept. of (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from Aug. 10, 19, 67, ta Jan. 14, 19, 68, that (I) (we) last saw the deceased alive an Jan. 14, 19, 68, and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SUSNATURE 22c. DATE SIGNED ATTENDING MED.
DIRECTOR STAFF PHYS. □ Jan. 15'68 DEGREE PHYS. 294 PHYSTCIAN'S 22e. ADDRESS H.Stonesifer, M.D. NAME (Type) Charles Greensboro, Md. 21639 23c. NAME OF CEMETERY OR CREMAJORY LOCATION, (City or Town) BURIAL, CREMATION,

ADDRESS

2SO. REC'D BY REGISTRAR DATE JAN 25



00865

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

00665

S. DATE OF BIRTH Dec. 2, 1883 S. DATE OF BIRTH S. DATE OF BIRTH Dec. 2, 1883 S. DATE OF BIRTH S. DATE OF BALL S. DATE OF BIRTH Dec. 2, 1883 S. DATE OF BALL S. D		ECEASED-NAME First (ype ar print) Sad1	An	Middle	S	last impsor	1	2a. [DATE OF DEATH Manth Jan 2	9° 19	ear	b. HOUR
7.6. CHIZEN OF WHAT COUNTRY NAME OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street oddress) NOTE 120. USUAL DOCUMENTON (Kind of work done during most of work done during most of work done during most of work done) 120. USUAL DOCUMENTON (Kind of work done during most of work done) 120. USUAL DOCUMENTON (Kind of work done) 120. USUAL D	3. SE	X	4. RACE						6. AGE (In years	IF UNDER 1	YEAR IF UN	
Maryland USA						Dec.	2, I				DATS HOU	Min.
I. AME OF POSPITAL OR INSTITUTION (if not in heapsted plant of work and pive street oddress) I. AME OF HOSPITAL OR INSTITUTION (if not in heapsted plant and provided prov	70. E	BIRTHPLACE (Stote or foreign	b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MAI	RRIED	9. COU	NTY OF DEATH			
April Part Deal ware Street of Mone Practical Nurse Nover Practical Nurse Nover Nover Practical Nurse Nover No		Maryland										Md.
STATE Delaware State Harrington YES NO E. Liberty Street	G	reensboro	give stree	None			during n	nost of w	orking life, even if retire	d.) INDUS		ESS OR
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME IS	13a. admi	USUAL RESIDENCE (Where decease issian) STATE	d lived, if institution:	Residence before			VEC .					
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown 160	14 5	Delawar	Ken	t								
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Merle Roth Harrington Mrs. Merle Roth Merle Rot	14. F					S. MOTHER'S M					ro	st
No No No No No No No No	1/-				10 117	INFORMANT	Sı	ued				
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH (WAS CAUSED BY: PART I. DEATH (WAS CAUSED BY: MMMEDIATE CAUSE (a)	100. Y	es na, or unknown) (If yes give wor	or dates of service)					0 13				
RAT L DEATH WAS CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF						rs. He	rre i	KOTI	Harring			
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While Not while at work of the work of the deceased from Feb. 1 , 19 66, to Jan. 29, 1968 , that (I) (we) la saw the deceased alive an Jan. 29 1960, and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) Charles H. Stonesifer. M.D. 23a. BURIAL, (REMATION, REMAURION, REMAURION) 23b. DATE 23c. NAME OF CEMETERY OR (REMATORY) 23d. LOCATION (City or Town) (County) (State) Harrington. Delaware		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. M	lanth Day Year						t 2, Item 18.)		
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22d. PHYSICIAN'S NAME (Type) Charles H. Stonesifer, M.D. 22e. ADDRESS Charles H. Stonesifer, M.D. Greensboro, Maryland			1 11		10		NC	MED	CTAFF	22c. DATE SIGN	NED	
22d. Physician's NAME (Type) Charles H. Stonesifer, M.D. 22e. ADDRESS REMOVAL ISDREIF 23c. NAME OF CEMETERY OR CREMATORY COUNTY (County) (State) REMOVAL ISDREIF 2/1/68 Hollywood Cemetery Harrington. Delaware	((Second 8	1 Hace	sefell	CGX DEG	REE PHYS.	NG DE	DIRECTOR	PHYS.	Jan.	31'68	
23d. BURIAL, CREMATION, REMOVALISDEGIVE 2/I/68 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) HOLLYWOOD CEMETERY OR CREMATORY Harrington. Delaware				7	r.M.I			ens	boro. Mary	0000		
REMOVALISMENTAL 2/I/68 Hollywood Cemetery Harrington, Delaware	23a										y) (St	ate)
	_0 4.	DC4401/41 /C //)					erv				.,	,
Aron Thought It tederalsburg handard FER O 1968 Williams	24.	FUNERAL DIRECTOR		ADDRESS	1		2So. REC'D	BY REGIS	TRAR 25b. REGISTR	AR'S SIGNATU		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Page 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after feath Poge 4 may be retoined by the hospitol or attending physician.

VR A15 (4) 30M REV. 1/68

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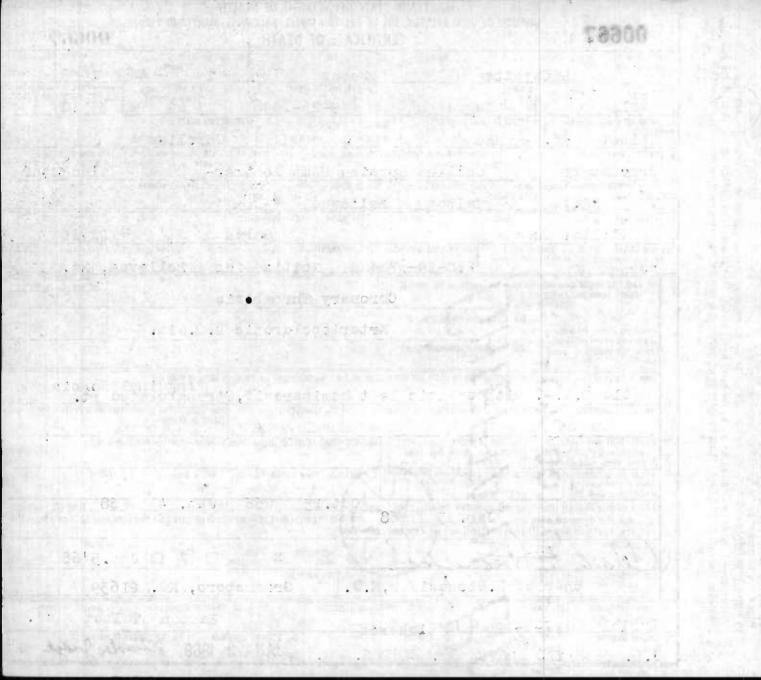
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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N	1		0000		CERTIFICATE OF DEATH		00007
¥1)		CEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
death		(1	ype or print) Laf	ayette	Thomas	I Month 4 Doy	1968 M
aurs after		3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	1F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
			Male	Negro	9-23-1898	69 YRS.	MONTHS DAYS HOURS MIN.
		7a. 1	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
			Talbot Md.	USA	WIDOWED DIVORCED	Caroline	Md
	90	10. (Greensboro	11. NAME OF HOSPITAL OR INS	STITUTION (If not in hospitol 120. USU Vursing Home Tal	IAL OCCUPATION (Kind of wark dane nost of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY house slaughter
	20		USUAL RESIDENCE (Where decease ssion) STATE Md.	d lived, if institution: Residence befare 13b. COUNTY Talbot		13e. STREET AND NUMBER	
		14. [ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Lost
	2		William T	homas	Sa	arah	Davis
		16a.	WAS DECEASED EVER IN U.S. ARME	or dates of capacal		Address	
			es, no, ar unknown) (If yes give wa	218-14-8	3783 A Nettie	King Bellevi	
			18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one cause per line for (a), (b), and (c).		And a	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
				E CAUSE (a)	Coronary Thromb	04212	
			Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	Arteriosclerot	tic C R Dia	
			rise to immediate cause (a),	(b)		olo O.D.DIS.	
			stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF			
			DADT 2 OTHER SICHIEICANT CONF	(c)	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION CIVEN IN PART 1(a)	
			Old C V A	with anastic	left hemiparesi	Inguina]	Hernia
		TION		ONDITION FOR WHICH OPERATION WAS PE		20b. IF YES. WERE FINDINGS O	
	2	CERTIFICATION			YES NO 🔀	CALISES OF DEATHS	
			21a. ACCIDENT WAS UNDERLYING			er nature of injury in Port 1 or Part 2,	Item 18.)
		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M. 19	9		
		W	21d. INJURY OCCURRED 21e. I	PLACE OF INJURY (AT HOME, FARM, STREET, FAC	CTORY,) 21f. LOCATION Street ar R.F.D. No.	a. City or Tawn	Caunty State
			at work at work				
			22o. I certify that (1) (this	haspital) attended the deceose	ed from UCT.15 , 195	00, to Jan. 4, 19	68 , that (I) (we) las
			saw the deceased all	(I) (we) (did) (did not) view the	958, and that in (my) (aur) ap	oinion death occurred on the do	ote and hour and from the
		1	226. SIONATORE	(i) (ise) (aid) (aid not) view the		22c.	DATE SIGNED
		((Winh to	Horees fee	DEGREE PHYS.	MED. DIRECTOR D STAFF D JE	an. 5 168
	,	1	22d. PHYSICIAN'S	V	22e. ADDRESS		
	(NAME(Type) Shar	les H. Stopesife	r,M.D. Gree	ensboro, Md. 21	.639
1	1	230.	BURIAL, CREMATION, 23b. D	ATE Z3c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
-	X		REMOVAL (Specify)	-8-T968 Rick	pards 250. REC'D		
ا	11	-	FUNERAL DIRECTOR	426 ADDRESS	2So. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S	signature
ř	18		R.T. DASHIELI	DOVER ST. EA	STON. MD. DATE AN	9 1968 Julia	was husbe



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	., 0 0 1. 3		CEKIIFICA	AIE OF DEATH		0000	
	EASED-NAME First	Middl	e	lost	2a. DATE OF DEATH		2b. HOUR
(17	pe or print) Kaye	Elizabeth	William	son	Jan. Math. 1	968 Year	5a
SEX		4. RACE		S. DATE OF BIRTH	A ACE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
	female	white		July 22.	1946 last birthday) YRS.		HOURS MIN
BI		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH		
ount	" Maryland	U.S.A.	WIDOWED	DIVORCED	Caroline		N
	ederalsburg.	Md. 11. NAME OF HOSPITA	versity	1 in haspital 12a. USUA during mo	L OCCUPATION (Kind of work dane ost of working life, even if retired.)	12b. KIND OF INDUSTRY	
o. U	ISUAL RESIDENCE (Where deceosed	d lived, if institution: Residence	before 13c. CITY OR	TOWN 13d. INSIDE CITY LI		110110	
lmis	sion) STATE Md.	13b. COUNTY Caroli	ne Feder	Alshure No	University	AVE.	
1. FA	THER'S NAME First	Middle	Last 15.	MOTHER'S MAIDEN NAME F			Lost
	Elbert F.	Williamson		Rachel Q	nillen		
	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SE	CURITY NO. 17. IN	FORMANT	Address		
Ye	s, no, or unknown) (If yes give war	or dates of service)	ne El	bert F. Wi	lliamson Feder	ralsbur	eg. Mo
T	18. CAUSE OF DEATH (Enter only					APPROXIM	MATE INTERVAL NSET AND DEATH
	PART 1. DEATH WAS CAUSED	DV		pneumonia			rs
1	471 x IMMEDIAN	DUE TO, OR AS A CONSEQUE		phounding		12.1	
	Canditians, if any, which gave		nfluenza			7 8	lavs
	rise to immediate cause (a), (stating the underlying cause (DUE TO, OR AS A CONSEQUE					CAVE
	last.	(c)					
1	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(0)		
_	480x						
CERTIFICATION		ONDITION FOR WHICH OPERATION	WAS PERFORMED	20o. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
三	New York and the second			YES NO	CAUSES OF DEATH?		
	10. ACCIDENT WAS UNDERLYING			W INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2,	Item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH		Yeor 19				
	214 INTURY OCCUPPED 210 P	PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING,		ATION Street or R.F.D. No.	City or Tawn	County	Stote
10	at work at work						
	22a. I certify that (I) (this	hospital) attended the	deceosed from	an. 16, 196	8 , to Jan TS 19	68 , that	(I) (we) lo
	saw the deceased ali	ve an Jan. 18,	19_68 ond	that in (my) (aur) opi	nion deoth occurred on the d	ate and hour o	and from th
		(I) (we) (did) (did nat) vie	w the body after d	eath.	Loo	AATE CLONED	
	22h SHONATURE	M. Bulan	2002 DEGRE	E PHYS. M		DATE SIGNED 1-19/68	
H	22d. PHYSICIAN'S	xenue	DEUKI	22e. ADDRESS	IRECTOR - PHYS	20,00	
1		k M. Anderso	n M.D.		sburg. Md. 21	1632	
30	BURIAL, CREMATION, 23b. DA		AME OF CEMETERY OR		23d. LOCATION (City or Town)	(County)	(State)
Ju.	0.0000000000000000000000000000000000000	, ,	llcrest		Federalsburg		(3,0,0)
_	UNERAL DIRECTOR		ADDRESS	2Sa. REC'D B	Y REGISTRAR 2Sb. REGISTRAR	SIGNATURE	
	The same	100	- 1 - 10	m-1-IAN	2 3 1968 yella	reley Judy	Mary .

ofter death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fur director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24-tracks Poge 4 moy be retained by the hospitol or ottending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CE	RTIFICATE OF D	EATH		00	003	
	ECEASED-NAME First Type or print) Harr	iett	Middle A •	Wisher	20.	DATE OF DEATH Manth	8 Day 196		2b. HO
3. SE	Remale	4. RACE Col.		S. DATE OF BIRT	24, 186	6. AGE (In ye	POTS IF UNDER MONTHS YRS.	DAYS HOL	NDER 24
7a. I	BIRTHPLACE (Stote or foreign intry) Maryland	76. CITIZEN OF WHA	•	MARRIED NEVER MARRII	Ca	INTY OF DEATH			
	CITY OR TOWN OF DEATH Greensboro	give		ersing Home	12a. USUAL OCC	UPATION (Kind of war	k done 12b. I etired.) IND	CIND OF BUSING ONE	NESS O
13o. adm	USUAL RESIDENCE (Where deceosnission) STATE Maryl	and COUNTY C	n: Residence before 13	Greensbor	S NO	None	MBER		
	FATHER'S NAME First William F		Lost	No Red		M	iddle	L	ost
160. Y	Yes, no, oxynknown) (If yes give w	NED FORCES? or or dates of service)	6b. SOCIAL SECURITY NO. None	17. INFORMANT Edith Fo	ountain		ldress Pa	APPROXIMATE II	
Z	Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CON	. (b) DUE TO, OR AS (c)	A CONSEQUENCE OF	lized Arte					
CERTIFICATION		CONDITION FOR WHIC	H OPERATION WAS PERFO	YES 🗌	NO 🗀	20b. IF YES, WERE FIN CAUSES OF DEATH?			ING
MEDICAL CES	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF OEATI (If either, notify medical examin	HOUR A.M. P.M.	Month Day Yeor	21c. HOW INJURY OCCUR		e af injury in Part 1 or	Part 2, Item 1B.)		
M	at wark at work			(-) 21f. LOCATION Street of		City ar Tawn	Count		Sto
	22o. I certify that (I) (thi	s hospital) atter	ded the deceosed	from Mar. 5 8, and that in (my)	, 19 <u>66</u> , (our) opinion (to Jan. 8 deoth occurred on	, 1 68 the date and	, that (I) hour and	(we) from
	causes stated above	, (I) (we) (did) (d	lid not) view the bo	dy after death. ''	(,				
	causes stated above	Hueas	fid not) view the boo	dy after death. DEGREE ATTENDING PHYS. 22e. ADDRE	MED. DIRECTO		22c. DATE SIG		
	causes stated above	les H. S	tonesifer	dy after death. DEGREE ATTENDING PHYS. 22e. ADDRE	MED. DIRECTOR SS		22c. DATE SIG 9 21639	NED /68	tate)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, cremation, ar remayal, and in any event, within 72 hours after Dept. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR ATE

AND A WORK TO THE RESERVE OF THE PROPERTY OF T

director. Po TO DEPUTY M. ... EXAMINER: This certificate should be executed within 24 hours after death. If any delay execute the center of the ward "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the function of the should be failed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained FUNERAL DIR. OR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death

VS. A15ME 5M 2/57

FOR STATE	
HEALTH DEPT.	1. PLA
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00670

	and the second second				Reg. Dist	. No.	
1. PLACE OF DEATH Caroline	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Ind. COUNTY Caroline						
b. CITY OR TOWN (If outside corporate limits, write RURAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
ond give nearest town) Goldsboro, Md.	70 1 2 1 10 1						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	d. STREET ADDRESS e. IS RESIDENCE						
	Liberty Rd.				YES NO		
3. NAME OF DECEASED TO First	Middle	Lost	4. DATE OF	Month		Day	Yeor
(Type or print) Kick and N	Wilton V	VYEXRU	DEATH		2	7	1968
5. SEX 6. COLOR OR RACE 7. MARRIE	D- NEVER MARRIED 8.	DATE OF BIRTH	1	P. AGE (In years last birthday)	IF UNDER 1Y		DER 24 HRS.
male white widower	DIVORCED [March 23,	1940	27 yrs.	Months Do	ays Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working tife, even if retired)	RY 11. BIRTHPLACE (Stote	or foreign co	untry)	12. CITIZE	N OF WHAT	COUNTRY	
construction worker	Preston. Md.			U.	U.S.A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Garland Wroten	Madeline Williams						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT		Address			
Yes, no, or unknown) If yes, give wor or dotes of services Ves Nat. Guard 2	17-36-1849 C	harles Wro	ten	Pres	tion	Md.	
18. CAUSE OF DEATH [Enter only one cause per line			0011	-102	, , ,	INTERVAL BETV	VEEN
PART I. DEATH WAS CAUSED BY:		ρ				ONSET AND DE	EATH
MMEDIATE CAUSE (6)	and by the	~~~					
766X DUETO	P 0	a Va la	2				
Conditions, if ony, which again to immediate cause	es harry	of an	1				
(a), stating the underlying DUE TO					4005		
cause last. (c)							
PART II, OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART I	(o) 19. WAS PERFO	AUTOPSY ORMED?
200. EXTERMAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCUPRED. (E.	nter nature of injury in Part	l or Port II o	of item 18.)			1-15
	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form	20f. (City	or town)	(Count	y) .	(Stote)
	rk of work	ry, street, affice bldg., etc.	LOOX	Lalar	o, Ca	rolin	e fled
21. I certify that I took charge af the r	emains described abay	ve, held an Autopsy	/ In:	spectian,	Inquiry	, or	nd in my
opinian death resulted fram: Natural o	auses . Accident [], Suicide [], H	lamicide	, Undeter	rmined mo	onner 🔲	
1.1 1.11	0 1						
SIGNATURE WILL W	seliant	M.D. CHIEF MEDICAL EX	AMINER .				SIGNED
EXAMINER'S POLL W. Ri	eckert	ASSISTANT MEDICAL E			1- 1	8-6	3
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Durial I/30/68	22c. NAME OF CEMETERY OF CHILDrest	CREMATORY Cem.		on (City, town, o		(Sto	(a)
23, FUNERAL DIRECTOR SIGNATURE	ADDRESS			AR 246. REGIS		ATURE	10
Il - was of a Clement - For	ederal shure	Ma. FS			Menul		42.

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